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GOVERNMENT COPY

Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613

December 9, 2021

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please review the return for completeness and accuracy.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Eilts & Associates, Inc.

Barton Eilts

Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613

December 9, 2021

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

Enclosed are the original and one copy of the 2019 Exempt Organization returns, as follows...

2019 Form 990

2019 Illinois Form AG990-IL

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Eilts & Associates, Inc.

Barton Eilts

# TAX RETURN FILING INSTRUCTIONS

#### FORM 990

#### FOR THE YEAR ENDING

June 30, 2020

Prepared for	
	Glenview Education Foundation Post Office Box 373 Glenview, IL 60025
Prepared by	Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO

#### \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning  $\underline{JUL}$  1 , 2019, and ending  $\underline{JUN}$  30 , 20 $\underline{20}$ 

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2019

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

36-3789505

#### Glenview Education Foundation

Name and title of officer Julie Moon Chair

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	125,964.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here F D b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X lauthorize Eilts & Associates, Inc.	to enter my PIN 36378
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated wi is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I als enter my PIN on the return's disclosure consent screen.	19
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year a indicated within this return that a copy of the return is being filed with a state agency(ies) regulating program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ► ***** THIS IS NOT A FILEABLE COPY *** Date ►	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification         number (EFIN) followed by your five-digit self-selected PIN.         Do not enter all	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return t confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File <i>e-file</i> Providers for Business Returns.	5
ERO's signature  Date	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To	o Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form <b>8879-EO</b> (2019)
923051 10-03-19	

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			Extended to May 17, 2021					
For	<b>_</b> 9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	Income Tax	OMB No. 1545-0047			
(Re								
Depa	rtment o	of the Treasury enue Service	<ul> <li>Do not enter social security numbers on this form as it ma</li> <li>Go to www.irs.gov/Form990 for instructions and the late</li> </ul>		Open to Public Inspection			
				JUN 30, 2020	mopeenen			
-	Check if		f organization	D Employer identifica	ition number			
	Addre	Glen	view Education Foundation					
	Name Chang			36-378950	5			
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su Office Box 373	ite E Telephone number 847-486-7	861			
	termir	-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	131,849.			
	Amen	l Gren	view, IL 60025	H(a) Is this a group retu	Jrn			
	Applio tion pendi	F Name a	nd address of principal officer: Julie Moon	for subordinates?	Yes X No			
	-	Post	Office Box 373, Glenview, IL 60025	H(b) Are all subordinates incl	uded? Yes No			
					st. (see instructions)			
			gef34.org	H(c) Group exemption				
			X Corporation Trust Association Other K	ear of formation: 1990 M	State of legal domicile: 1 L			
Pa	art I		Dinongia	1 august mass				
e	1	Briefly describ	be the organization's mission or most significant activities: Financia	L Support prov	ided to			
an			rs in IL Dist. #34 with education gram		-			
Activities & Governance			x  Lift the organization discontinued its operations or disposed of m		ets. 8			
ĝ			f voting members of the governing body (Part VI, line 1a)					
80			lependent voting members of the governing body (Part VI, line 1b)		8			
ties			of individuals employed in calendar year 2019 (Part V, line 2a)		33			
ť			otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12					
A					0.			
	0	net unrelated	business taxable income from Form 990-T, line 39	Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	82,722.	80,357.			
Revenue				0.	0.			
š		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	423.	529.			
ž			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,109.	45,078.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,254.	125,964.			
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
			to or for members (Part IX, column (A), line 4)	0.	0.			
Ś			r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.			
be			ing expenses (Part IX, column (D), line 25)					
ŵ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	-45,655.	103,124.			
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-45,655.	103,124.			
	19		expenses. Subtract line 18 from line 12	175,909.	22,840.			
or ces				Beginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	333,051.	360,746.			
t As	21	Total liabilities	(Part X, line 26)	116,127.	120,981.			
Fun	22		fund balances. Subtract line 21 from line 20	216,924.	239,765.			
Pa	art II							
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is			
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.				

Sign Here	Signature of officer Julie Moon, Chair Type or print name and title		I	Date					
Paid	Print/Type preparer's name Barton Eilts	Preparer's signature	Date	Check PTIN if self-employed P01327750					
Preparer	Firm's name 🕨 Eilts & Associat			Firm's EIN <b>61-1443699</b>					
Use Only	Firm's address 3729 N. Ravenswo			•					
Chicago, IL 60613 Phone no.773-525-6171									
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	332001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

			I. I. I. O. G. G.	•	ooparato moat		
See	Schedule	0	for	Organization	Mission	Statement	Continuation

Form	Glenview Education Foundation	36-3789505	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: Financial support provided to educators in IL Dist. #3	A with advant	ion
	grants. The primary grant-making activity fo the Glenv		
	Foundation is the Educator Development Grants. These G		
	intended to support teachers at various stages of the		ss
2	Did the organization undertake any significant program services during the year which were not listed on the	)	
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 22,000. including grants of \$ ) (Re	evenue \$	)
	Virtual and augmented reality		
4b	(Code:) (Expenses \$12,158. including grants of \$) (Re	evenue \$	)
	Entrepreneur Makerspace		/
4c	(Code:) (Expenses \$16,500. including grants of \$) (Re	evenue \$	)
	Professional learning videos		/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 37,146 · including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 87,804.		
		Form <b>9</b>	<b>90</b> (2019)
93200	<sup>2</sup> 01-20-20 <b>2</b>		
571	200.707808 CIE 001 $2010.06030$ Clonviow Education	Foundati CIF	0012

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Form	990	(2019)	

Form 990 (2019) Glenview Education Foundation
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie		
•	the organization's separate of consolidated infancial statements for the tax year include a footfole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	and the second sec	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
932003	3 01-20-20	Form	990	(2019)

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Form 990 (2019) Glenview Education Foundation
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_•	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> Schedule <i>N</i> , <i>Part</i>	51		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- <b>v</b>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Δ	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4 -	Enter the number reported in Roy 2 of Form 1006. Fater 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b (</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C		10		
02000		Eorm	990	l (2019)
332004	01-20-20 <b>4</b>		550	(2019)

Form	aan	(2019)
FOIIII	990	(2019)

Part V

2a         Inter the number of employees reported on from Way, Transmittal of Wage and Tax Statements, 2a         0           b         If a least one is reported on line 2a, did the organization file all required to <i>d</i> -file sensitivations         2b           3a         Other organization have a unable of a large parter than 500, you may be reported to a <i>d</i> -file sensitivations         3a         X           3b         If a hear organization have unable to large parter than 500, provide an explanation on Schedule O         3b         X           3b         If a hear organization have an anterest in, or a signature or other autional account()         4a         X           3b         If a vise, "inter the nume of the freque contry by the aponhibit tax shear the transaction ary true during the tax year?         5a         X           3c         Was the organization in parts to a prohibit tax shear the masse of the organization for BMB 77         5c         5a         X           3c         If "Nes," to the organization fract NMB 677         5c         5a         X           3c         If "Nes," to the organization in parts to a declatable accountions?         5a         X           3c         If "Nes," to the organization include with every solicitation an express statement that such contributions organization fraction and declatable accountions?         5a         X           3c         If "Nes," to the organization include with every solicitation an express						Yes	No	
b         If a last one is reported on line 2a, did the organization file all required to c-file (see instructions)         2a           Note: If the sum of lines 1 and 2a is greater than 250, you may be required to c-file (see instructions)         3a         X           b         H**ex; 'has if field a form 900-T for the year? If 'No' 1s file 3b, provide an explanation on Schedule O         3b         X           b         H**ex; 'has if field a form 900-T for the year? If 'No' 1s file 3b, provide an explanation or other matchety; over, a financial account?         4a         X           b         H**ex; 'has if field a foreign country (such as a bank account, securities account, or other financial account?         4a         X           b         H**ex; 'has if field a foreign country is used in the securities account, or other financial account?         5a         X           b         Was the organization have show the organization the file messation?         5a         X           b         So is the organization appet to explorible tax sheler transaction?         5a         X           b         H**ex; 'is diffier organization include with every solicitation an express statement that such contributions orgits were not tax deductible as charitable contributions?         5a         X           b         H**ex; 'id diffier organization field with every solicitation an express statement that such contributions orgits were not tax ideductible?         7a         X           f	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note:         It is a and 2 as is greater than 250, you may be required to <i>-file</i> (see instructions)         Image: Sec instruction is a second to the second to <i>-file</i> (see instructions)         Image: Second to the		filed for the calendar year ending with or within the year covered by this return	2a	0				
3a       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If '''ss', 'hast filted a form 3000 of for this year? If 'No''s for & BS, Doroxide an explenation on Schedule O       3b       X         b       If ''ss', 'hast filted a form 3000 of for this year? If 'No''s for & BS, Doroxide an explenation on Schedule O       3b       X         b       If ''ss', 'hast filted a form 3000 of for this year? If 'No''s for & BS, Doroxide an explenation on Schedule O       3b       X         b       If ''ss', 'hast filted a form 3000 of FinCEN Form 114, Report of Foreign Bank and Financial account; (ERAPA).       5a       X         b       Was the organization in form 5800 of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (ERAPA).       5a       X         b       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions and party to problet data shear transaction?       5a       X         b       If ''ss', 'idd the organization in the value of the goads as services provided 10 the pare?       7a       X         c       Organizations that may receive deductible contributions and party to pools and services provided 10 the pare?       7a       X         c       If ''ss', 'idd the organization fine the value of the goads as ervices provided?       7b       Z	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b			
b       If Was, "has it liked a Form 390 T for the year? If Wo" to fine 3b, provide an explanation on Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature, or other authority over, a financial account?       4a       X         b       If "Yes," enter the name of the foreign country becarities account, or other financial account?       5a       X         5b       Did any taxobia party notify out on prohibited tax shear transaction at any time during the tax year?       5a       X         5b       Did any taxobia party notify the organization that awas or is a party to a prohibited tax shear transaction?       5c       C         6b       Dod any taxobia party notify the organization that was or is a party to a prohibited tax shear transaction?       5c       C         6b       Dod any taxobia party notify the organization numal gross meights that are normally greater than \$100,000, and did the organization solicit any contributions or gifts       6a       X         7       Torganization setula approximation neutrop setulation nan express statement that such contributions or gifts       6b       C         7       Torganization setula approximation neutrop setulation notify the down of the value of the godo so services provided?       7a       X         7       Torganization setula approximation neutrop setulation induces that are compared to the property of the which it was required to the paranitable setulatit the setulation texe approxi		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a       4a       X         bit if "vsi," enter the name of the origin; county >>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
Internatial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       If "Yes," enter the name of the foreign country ▶     Sea instructions for filing requirements for FINCEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR).     5a     X       56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       66 Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization is a deductible as charitable contributions?     5c     5c       67 Organization have manual gross receipts that are normally greater than \$100,000, and did the organization is deductible or this work of the organization neuke were not tax deductible contributions under section 170(c).     6a     X       7 Organization new apment nexess 05 30 for dap and yas a contribution and partly for goods and services provided to the payo?     7a     X       7 Tes, " did the organization neity the donor of the value of the goods or services provided?     7a     X       7 Urs, " indicate the number of Form 8282? filed during the year     7a     7a     X       7 Urs, " indicate the number of Form 8282? filed during the year?     7a     7a     X       7 Did the organization receve a pay refurs, singlater property, diff the regranization files of a contribution of cars, boats, aiplanes, or other vehicles, did the organization files of a contribution of cars, boats, aiplanes, or other vehicles, did the organization files organization neevees busines buding during the year? <th>b</th> <th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule</th> <th>Ο</th> <th></th> <th>3b</th> <th></th> <th></th>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b			
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 54 Was the organization approximation that it was or is a party to a prohibited tax shefter transaction? 55 If "Yes" to the Gas or 5b, did the organization file Form 888-77. 56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 57 Organizations that were not tax deductible as charitable contributions? 58 Dif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59 Dif the organization include with every solicitation are perses statement that such contributions or gifts were not tax deductible? 50 Dif the organization necke appment in excess of \$75 made party as a contribution and party for goods and services provided 7 50 Dif the organization neckes a payment in excess of \$75 made party as a contribution and party for goods and services provided 7 50 Dif the organization neckes any funds, directly or indirectly, to pay premiums on a personal benefit contract? 51 Did the organization receive a outhrubution of qualified intelfectual property for which it was required 52 Sponsoring organization maintaining door advised funds. 53 Sponsoring organization maintaining door advised funds. 54 Sponsoring organization maintaining door advised funds 55 Section 501(c)(7) organization maintaining door advised funds. 56 Section 501(c)(7) organization maintaining door advised funds. 59 Dif the sponsoring organization maintaining door advised funds. 50 Section 501(c)(7) organizations. Enter: 50 Gross income from members or shareholders 50 Section 501(c)(7) organizations. Enter: 51 Organization meeting on advised funds. 52 Section 501(c)(7) organizations. Enter: 53 Section 501(c)(7) organizations. Enter: 54	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a				
See Instructions for filing requirements for Fin-CEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         59       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         50       Did any taxable party notify the organization file form 8888-17.       5c       X         60       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid as chartable contributions?       6a       X         b       If 'Yes,' did the organization near parment in excess of 376 made party as a contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         7       Organization review apament in excess of 376 made party as a contribution and party for goods and services provided to the part?       7a       X         10       H'Yes,' did the organization notify the donor of the value of the goods or services provided?       7b		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X	
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       6a     Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a     X       6b     T*s*, 'did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).     6b     X       c     Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?     7a     X       d     If *s*, 'indicate the number of Forms 8282 filed during the year     7d     7c     X       d     If the organization receive any funds, directly or indirectly, on a personal benefit contract?     7d     7d       d     If the organization meave any taxib destribution of any, back, airplanes, or other vehicles, did the organization file a Form 1088-C?     7a     X       d     If the organization meaves business bidings at any time during the year?     7d     7d     7d       f     If the organization meaves a subsidies at any time during the year?     7d     7d     7d       d     If the organization meave as a sububle distributions under section 4966? <th>b</th> <th>If "Yes," enter the name of the foreign country</th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," enter the name of the foreign country						
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sb       X         c       If "Yes" to line Ba or 5b, did the organization line Form 8886 T7       Sc       Sc         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       Sc       Sc         b       If "Yes," did the organization notwer prevents that are normally greater than \$100,000, and did the organization solicit any contributions or gitts were not tax deductible?       Sc       Sc         7       Organization notwer payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       To       X         d       If "Yes," did the organization notity the donor of the value of the goods or services provided?       To       X         d       If Yes," indicate the number of Form 8282?       Field during the year       Td       Td       Td         d       If Yes," indicate the number of Form 8282?       Field during the year       Td       Td       Td       Td       Td         d       If Yes," indicate the number of Form 8282?       Field during the year       Td       Td </th <th></th> <th colspan="7"></th>								
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       6     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     5c       7     Organizations that may receive deductible contributions under section 170(c).     6b       8     Dif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a       7     Organizations that may receive deductible contributions and parity for goods and services provided to the payor?     7a       8     Dif "Yes," did the organization notify the doors of the value of the goods or services provided?     7b       C     Did the organization notify the doors of the value of the goods or services provided?     7c       X     dif "Yes," indicate the number of Forms 8282 filed during the year     7d       7     Did the organization receives any functs, directly or indirectly, on pay prenums on a personal benefit contract?     7f       7     Ti     7d     7d       8     Sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organizations maintaining door advised funds. Did a door of 1000     7a       9     Sponsoring organizations maintaining door advised funds. Did a door advised funds. Did a door selectly for the sp		a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         c       Organizations that may receive deductible contributions under section 170(c).       0       0       0       0       0       0       0       7a       X       7a       X         d       If "Yes," idid the organization notify the donor of the value of thagible personal property for which it was required to file Form 8282?       7a       X       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7d       7d <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th><u> </u></th></t<>							<u> </u>	
any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provide?     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization notify the donor of nu value of the goods or services provide?     7d     7c     X       d     Did the organization mether of Forms 8282 filed during the year     7d     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d     7d       d     Did the organization during the year, approximation and anotable during. Did adonor advised funds. Did a donor advised funds. Did adonor advised funds. Did adonor advised funds.     7d     7d     7d       g     Sponsoring organization make any taxable distributions under section 4966?     9a     9a     9a       g     Social contributions included on Part VIII, Ine 12     10a     10a     10a     10a <td< th=""><th></th><th></th><th></th><th></th><th>5c</th><th></th><th></th></td<>					5c			
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       66         Organizations that may receive deductible contributions under section 170(c).       10 the organization state may receive deductible contributions and partly is a contribution and partly for goods and services provided to the payor?       7a       X         If "Yes," tidd the organization notify the donor of the value of the goods or services provided?       7b       7c       X         If "Yes," tidd the organization notify the donor of the value of the goods or services provide?       7c       X         If "Yes," tidd the organization neceive a payment in excess of S/S made partly as a contribution or qualified intellectual property for which it was required to file Form 8282?       7c       X         If "Yes," indicate the number of Forms 8282? filed during the year       7d       7d       7d         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8898 as required?       7d       7d         If the organization nave excess business holdings at any time during the year?       7d       8       8         Sponsoring organization nave excess business holdings at any time during the year?       9       8a       9         Sponsoring organization nave excess business holdings at any time during the year?       9a       9b       9b         Section 501(c)(12) organizati	6a						37	
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 Did the organization neelle apyment in excess 05/5 made partly as a contribution and partly for goods and services provided to the payor?     7a       7 Dif the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7c       7 Dif the organization neelle exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7c       8 Dif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r       9 Dif the organization receive a contribution of qualified intellectual property, did the organization file a Form 1096-C?     7n       9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     8a       9 Sponsoring organization make any taxable distributions under section 4966?     9a       9 Did the sponsoring organization make a distribution to a donor daviser, or related person?     9b       9 Corso income from members or shareholders     11a       10b     11a       10c section 501(c)(2) organizations. Enter:     10a       10b     11b       12a     12a       13 Section 501(c)(2) qualified nonprofit health insurance issuers.     13a       13 Section 501(c)(2) qualified nonprofit health plans					6a		X.	
7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 10 the payor?       7a       X         b If Yees, " did the organization ontify the donor of the value of the goods or services provided?       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If Yees, "indicate the number of Forms 8282 filed during the year       7d       7d       7c       X         d If Yees, "indicate the number of Forms 8282 filed during the year pay premiums, directly or indirectly, on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1096.C7       7h       7h         g If the organization maintaining donor advised funds.       8       9       9       9a       9a       9b       9a       9b	b			0				
a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the domor of the value of the goods or services provided?       7b       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-07       7h       7f         sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining door advised funds. Did a donor advised runds in the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a <td< th=""><th>_</th><th></th><th></th><th></th><th>6b</th><th></th><th></th></td<>	_				6b			
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, on a personal benefit contract?       7e       X         f       Did the organization during the year, pay premiums, on a personal benefit contract?       7f       Y         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       Y         8       Sponsoring organizations maintaining door advised funds.       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       the sponsoring organization scheders       11a       10a       10a<					_		v	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Ves," indicate the number of Forms 8282 filed during the year       7d       7e       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7f         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g       7h         g Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         g Did the sponsoring organizations maintaining door advised funds.       10a       10a       9b       9b         g Sonsoring organizations maintaining door advised funds.       10a       10b       10a       10b       10a       10a       10b       10a       10b       10a							<u> </u>	
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         9 Did the organization receive any funds, directly or indirectly, on apersonal benefit contract?       7e       7f         1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7d         9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7n       2         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 the sponsoring organization make a distribution such advised funds.       10da       10da       10da       9b         11 Section 501(c)(7) organizations. Enter:       10da       10da <t< th=""><th></th><th></th><th></th><th></th><th>70</th><th></th><th></th></t<>					70			
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tf         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       12b       12a         13 Section 501(c)(12) organization included to taminatin by the states in which the organization is incensed to issue qualified health plans in more than one state?       12a         13a       13a       13a         14a <th>C</th> <th></th> <th></th> <th>-</th> <th>70</th> <th></th> <th>x</th>	C			-	70		x	
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-0?       7g         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions on advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b         a       Gross income from members or shareholders       11a       12b         12       Section 501(c)(2) organizations. Enter:       12b       12b       12a         13       Section 501(c)(2) organizations. Enter:       11b       12b       12a       12a         14       Section 501(c)(29) qualified nonprofit health in	А				70			
f       Did the organization, during the year, pay premiums, directly, or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       78         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0       Gross income from members or shareholders       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from members or shareholders       11a       11b       12a         12a       Gross income from members or shareholders       11a       12a       12a         13a       Note: See the instructions for additional information the organization filing Form 990 in lieu of Form 1041?       12a       12a         14				•	70			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       b If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13a       13a       13a         14b       13c       13a         15       the organization is required to maintain by the states in which								
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from members or shareholders       11a       12a       12a       12a         b       Gross income from othat x-exempt interest received or accrued during the year       12b       12a       12a       12a       12a       12a       12a       13a       13a <t< th=""><th></th><th colspan="5"></th><th></th></t<>								
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0       Section 501(c)(12) organizations. Enter:       10a       10b         1       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         10       Gross income from members or shareholders       11a       10b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         14       b if "Yes," enter the amount of tax-exempt interest received or maintain by the states in which the organization licensed to issue qualified health plans in more than one state?       13a       13a         15       E ther the amount of reserves on hand.       13a       13a       13a         14       Did the organization subject to the sectin on 4960 tax on payment(s)								
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11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         If "Yes," see instructions and file Form 4720, Schedule N.	а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
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Form **990** (2019)

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Form 990 (	2019)
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Glenview Education Foundation

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title     Average hours per week     Description content and affectivities biological affectivititi biological affectivities bi	(A)	(B)				C)			(D)	(E)	(F)
hours per veek (list any related organizations below line)     bours per veek (list any related organizations below line)     compensation from related organizations (W-2/1099-MISC)     compensation from related organizations (W-2/1099-MISC)     amount of other compensation from the organizations and related organizations       (1) Megan Share     2.000 K     X     X     0.     0.     0.       (2) Denlike Porte     2.000 K     X     X     0.     0.     0.       (3) Lori Poticha     2.000 K     X     X     0.     0.     0.       (3) Lori Poticha     2.000 K     X     X     0.     0.     0.       (6) Maria Gordon     2.000 Freature Chair     X     X     0.     0.     0.       (6) Maria Gordon     2.000 Freature Chair     X     X     0.     0.     0.       (7) Megan Spathis     4.000 Freature     X     X     0.     0.     0.       (6) Maria Gordon     2.000 Freature     X     X     0.     0.     0.       (8) Julie Moon     6.000 Chair     X     X     0.     0.     0.       (9) Julie Moon     6.000 Chair     1     1     1     1     1       (9) Julie Moon     1     1     1     1     1     1     1       (1) Julie M			Position					one			
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(1) Megan Share       2.00       X       X       0.       0.       0.         (2) Danille Porte       2.00       X       X       0.       0.       0.       0.         (3) Lori Poticha       4.00       X       X       0.       0.       0.       0.         Communications       X       X       0.       0.       0.       0.       0.         (4) Alex Kamilewicz       2.00       X       X       0.       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Freesurer       X       X       0.       0.       0.       0.       0.       0.         (1) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Pundraising Chair-Events       X       X       0.       0.       0.       0.       0.         (6) Mait Moon       6.00       X </td <td></td> <td>week</td> <td></td> <td></td> <td></td> <td>lirecto</td> <td>n/irus</td> <td>lee)</td> <td></td> <td></td> <td></td>		week				lirecto	n/irus	lee)			
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(1) Megan Share       2.00       X       X       0.       0.       0.         (2) Danille Porte       2.00       X       X       0.       0.       0.       0.         (3) Lori Poticha       4.00       X       X       0.       0.       0.       0.         Communications       X       X       0.       0.       0.       0.       0.         (4) Alex Kamilewicz       2.00       X       X       0.       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Freesurer       X       X       0.       0.       0.       0.       0.       0.         (1) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Pundraising Chair-Events       X       X       0.       0.       0.       0.       0.         (6) Mait Moon       6.00       X </td <td></td> <td>related</td> <td>e or c</td> <td>stee</td> <td></td> <td></td> <td>Isatec</td> <td></td> <td></td> <td>(00-2/1099-00130)</td> <td></td>		related	e or c	stee			Isatec			(00-2/1099-00130)	
(1) Megan Share       2.00       X       X       0.       0.       0.         (2) Danille Porte       2.00       X       X       0.       0.       0.       0.         (3) Lori Poticha       4.00       X       X       0.       0.       0.       0.         Communications       X       X       0.       0.       0.       0.       0.         (4) Alex Kamilewicz       2.00       X       X       0.       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Freesurer       X       X       0.       0.       0.       0.       0.       0.         (1) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Pundraising Chair-Events       X       X       0.       0.       0.       0.       0.         (6) Mait Moon       6.00       X </td <td></td> <td>organizations</td> <td>truste</td> <td>al trus</td> <td></td> <td>yee</td> <td>mper</td> <td></td> <td></td> <td></td> <td></td>		organizations	truste	al trus		yee	mper				
(1) Megan Share       2.00       X       X       0.       0.       0.         (2) Danille Porte       2.00       X       X       0.       0.       0.       0.         (3) Lori Poticha       4.00       X       X       0.       0.       0.       0.         Communications       X       X       0.       0.       0.       0.       0.         (4) Alex Kamilewicz       2.00       X       X       0.       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Freesurer       X       X       0.       0.       0.       0.       0.       0.         (1) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Pundraising Chair-Events       X       X       0.       0.       0.       0.       0.         (6) Mait Moon       6.00       X </td <td></td> <td>below</td> <td>idual</td> <td>tution</td> <td>ы</td> <td>emplo</td> <td>est cc loyee</td> <td>ler</td> <td></td> <td></td> <td>organizations</td>		below	idual	tution	ы	emplo	est cc loyee	ler			organizations
(1) Megan Share       2.00       X       X       0.       0.       0.         (2) Danille Porte       2.00       X       X       0.       0.       0.         Grants Chair       X       X       0.       0.       0.       0.         (3) Lori Porticha       4.00       X       X       0.       0.       0.         Communications       X       X       0.       0.       0.       0.         (4) Alex Kamilewicz       2.00       X       X       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         Freesurer       X       X       0.       0.       0.       0.       0.       0.         (9) Julie Moon       6.00       X       X       0.       0.       0.       0.		line)	Indiv	Insti	Offic	Key 6	High emp	Form			
(2) Danille Porte       2.00       x       0.       0.       0.         Grants Chair       x       x       0.       0.       0.       0.         (3) Lori Poticha       2.00       x       x       0.       0.       0.       0.         (4) Alex Kamilewicz       2.00       x       x       0.       0.       0.       0.         (5) Catherine Gray       2.00       x       x       0.       0.       0.       0.         (6) Maria Gordon       2.00       x       x       0.       0.       0.       0.         (7) Megan Spathis       4.00       x       x       0.       0.       0.       0.         Fundraising Chair-Events       X       X       0.       0.       0.       0.         (8) Julie Moon       6.00       5.00       X       X       0.       0.       0.         (9) Julie Moon       6.00       1	(1) Megan Share	2.00									
Grants Chair       X       0.       0.       0.       0.         (3) Lori Poticha       X       X       0.       0.       0.         Communications       X       X       0.       0.       0.         (4) Alex Kamilewicz       2.00       X       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.         (7) Megan Spathis       4.00       X       X       0.       0.       0.         Fundraising Chair-Events       X       X       0.       0.       0.         Multi Moon       6.00       X       X       0.       0.       0.         (8) Julie Moon       6.00       X       X       0.       0.       0.       0.         (9)       1       1       1       1       1       1       1       1         (10)       1       1       1       1       1       1       1       1       1       <	Secretary		Х		Х				0.	0.	0.
(3) Lori Poticha       4.00       X       X       X       0.       0.       0.         (4) Alex Kanilewicz       2.00       X       X       0.       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         (7) Megan Spathis       4.00       X       X       0.       0.       0.       0.         (8) Julie Moon       6.00       X       X       0.       0.       0.       0.         (atar       0.       0.       0.       0.       0.       0.       0.       0.         (1) Julie Moon       6.00       X       X       0.       0.       0.       0.         (2) Julie Moon       0.       0.       0.       0.       0.       0.       0.         (2) Julie Moon       0.       0.       0.       0.       0.       0.       0.         (3) Julie Moon       0.       0.       0.       0.       0.       0.       0.       0.         (3) Julie Moon       0.	(2) Danille Porte	2.00									
Communications         X         X         X         X         0.         0.         0.           Fundraising Chair-Business Developme         X         0.<	Grants Chair		Х						0.	0.	0.
(4) Alex Kamilewicz       2.00       X       0.       0.       0.         Fundraising Chair-Business Developme       X       X       0.       0.       0.         (5) Catherine Gray       2.00       X       X       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.       0.         (7) Megan Spathis       4.00       Fundraising Chair-Events       X       X       0.       0.       0.         (8) Julie Moon       6.00       X       X       0.       0.       0.       0.         (1) Megan Spathis       X       X       0.       0.       0.       0.       0.         (8) Julie Moon       6.00       X       X       0.       0.       0.       0.         (1) Megan Spathis       Image: Spathis	(3) Lori Poticha	4.00									
Pundraising Chair-Business Developme         X         0.	Communications		Х		Х				0.	0.	0.
(5) Catherine Gray       2.00       X       X       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (7) Megan Spathis       4.00       X       X       0.       0.       0.         Fundraising Chair-Events       X       X       0.       0.       0.       0.         (8) Julie Moon       6.00       X       X       0.       0.       0.         Chair       X       X       0.       0.       0.       0.         Image: Chair Structure of the str	(4) Alex Kamilewicz	2.00									
Grants Chair       X       X       X       0.       0.       0.         (6) Maria Gordon       2.00       X       X       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (7) Megan Spathis       4.00       Y       0.       0.       0.       0.         Fundraising Chair-Events       X       0.       0.       0.       0.       0.         (8) Julie Moon       6.00       X       X       0.       0.       0.         Chair       X       X       0.       0.       0.       0.         Image: Spathis         Image: Spathis       Image	Fundraising Chair-Business Developme		X						0.	0.	0.
(6) Maria Gordon       2.00       X       X       0.0.0.0.0.0.         Treasurer       X       X       0.0.0.0.0.0.       0.0.0.0.         Fundraising Chair-Events       X       0.0.0.0.0.0.0.       0.0.0.0.0.         Chair       X       X       0.0.0.0.0.0.0.         Chair       X       X       0.0.0.0.0.0.0.0.         Chair       X       X       0.0.0.0.0.0.0.0.0.0.         Chair       X       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(5) Catherine Gray	2.00									
Treasurer       X       X       X       0.       0.       0.         (7) Megan Spathis       4.00       X       X       0.       0.       0.       0.         Fundraising Chair-Events       X       X       X       0.       0.       0.       0.         (8) Julie Moon       6.00       X       X       X       0.       0.       0.         Chair       X       X       X       0.       0.       0.       0.	Grants Chair		X		Х				0.	0.	0.
(7) Megan Spathis       4.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(6) Maria Gordon	2.00									
Fundraising Chair-Events     X     0.     0.     0.       (8) Julie Moon     6.00     X     X     0.     0.     0.       Chair     X     X     0.     0.     0.     0.       Image: State of the s	Treasurer		X		Х				0.	0.	0.
(8) Julie Moon       6.00       X       X       X       0.0.0.0.         Chair       X       X       X       0.0.0.0.         Image: State of the state o	(7) Megan Spathis	4.00									
Chair     X     X     X     0.     0.     0.	Fundraising Chair-Events		X						0.	0.	0.
	(8) Julie Moon	6.00									
	Chair		X		Х				0.	0.	0.

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932007 01-20-20

Form 990 (2019)

14571209 797808 GLE-001

	990 (2019) Glenview									36-37	89	505	Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	ie tion ted
	Subtotal		L	l		L	<u> </u>		0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	o r	eceived more than \$100	),000 of reportable	Э			0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-		•				Ŭ		•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otl		the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		x
1	tion B. Independent Contractors Complete this table for your five highest con	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.	-			
	(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	С	(C ompei		'n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis D	stec	d above) who received n	nore than		Form		(2010)

932008 01-20-20

Form **990** (2019)

			2019) Glenview 1	Educ	ation For	undation		36-3789	505 Page <b>9</b>
Pa	rt \	/							
			Check if Schedule O contains a res	sponse	or note to any lin	e in this Part VIII	(D)		
						<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1c         Government grants (contributions)       1c         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g         Total. Add lines 1a-1f       1g	2 2 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Business Code	80,357.			
- B R B R		е							
Ч		f	All other program service revenue						
		g	Total. Add lines 2a-2f		►				
	3 4 5		Investment income (including dividends other similar amounts) Income from investment of tax-exempt Royalties	bond p	▶ proceeds	529.	529.		
	6	с	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c		(ii) Personal				
evenue	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c		(ii) Other				
			Net gain or (loss)		▶				
Other F	8	а	Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	f 8a	54 050				
			Net income or (loss) from fundraising e		►	46,071.			46,071.
	9	а	Gross income from gaming activities. S Part IV, line 19 Less: direct expenses	See 9a					
			Net income or (loss) from gaming activi						
	10	a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold	10a 10b					
		С	Net income or (loss) from sales of inver	itory	Business Code				
Miscellaneous Revenue	11	b	Securities Capital (		611710	-993.	-993.		
Be		c d	All other revenue						
Σ			Total. Add lines 11a-11d			-993.			
	12		Total revenue. See instructions			125,964.	-464.	0.	46,071.
93200					►	- , 2 - 2 -			Form <b>990</b> (2019)

Glenview Education Foundation

14571209 797808 GLE-001

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2019.06030 Glenview Education Foundati GLE-0012

36-3789505 Page 9

20 not b, 8b, 1 Gi ar 2 G in 3 G on in 1 B 5 C tr tr f 5 C tr f 7 O	and 501(c)(3) and 501(c)(4) organizations must comp         Check if Schedule O contains a responent         t include amounts reported on lines 6b,         a, 9b, and 10b of Part VIII.         irrants and other assistance to domestic organizations         and domestic governments. See Part IV, line 21         Grants and other assistance to domestic         adviduals. See Part IV, line 22         Grants and other assistance to foreign         adviduals. See Part IV, line 22         Grants and other assistance to foreign         adviduals. See Part IV, line 22		-		<b>(D)</b> Fundraising expenses
b, 8b, 8b,         8b, 8b,           1         G           ar         ar           2         G           in         in           3         G           or         in           in         or           in         or	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. irants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic adividuals. See Part IV, line 22 Grants and other assistance to foreign	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
b, 8b, 8b,         8b, 8b,           1         G           ar         ar           2         G           in         in           3         G           or         in           in         or           in         or	a, <b>9b</b> , <b>and 10b of Part VIII.</b> irants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign	Total expenses			
ar G G G G G G G G G G G G G G G G G G G	nd domestic governments. See Part IV, line 21 Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign		expense	general expenses	
2 G in 3 G on in 1 B 5 C tr 5 C 0 0 7 O	Grants and other assistance to domestic Individuals. See Part IV, line 22				
in 3 G in 1 B 5 C 1 T 5 C 0 9 6 7 O	Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign				
<ul> <li>3 G</li> <li>or</li> <li>in</li> <li>4 B</li> <li>5 C</li> <li>tr</li> <li>5 C</li> <li>6 pre</li> <li>pre</li> <li>pre</li> <li>7 O</li> </ul>	Grants and other assistance to foreign				
01 in <b>1</b> B <b>5</b> C tr <b>6</b> C 06 p6 p6 7 O	, and the second s				
in <b>1</b> B <b>5</b> C tr <b>6</b> C pe pe <b>7</b> O	rganizations, foreign governments, and foreign				
<ul> <li>B</li> <li>C</li> <li>tr</li> <li>C</li> <li>pe</li> <li>pe</li> <li>pe</li> <li>7</li> </ul>					
5 C tr 5 C 96 96 7 O	ndividuals. See Part IV, lines 15 and 16				
tr 6 Co pe pe 7 O	Benefits paid to or for members				
5 Co pe pe 7 O	Compensation of current officers, directors,				
ре ре 7 О	rustees, and key employees				
ре 7 О	ompensation not included above to disqualified				
0	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
<b>B</b> P(	Other salaries and wages				
	ension plan accruals and contributions (include				
se	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
) Р	Payroll taxes				
	ees for services (nonemployees):				
	lanagement				
	egal				
	ccounting				
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
•	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A) amount, list line 11g expenses on Sch O.)			┼────┼	
	dvertising and promotion			┼────┼	
	Office expenses	5,306.		5,306.	
	nformation technology	5,300.		5,500.	
	loyalties			┨─────┤	
				++	
				++	
	Payments of travel or entertainment expenses				
fc J C	or any federal, state, or local public officials			1	

386.

87,804.

5,000.

3,521.

103,124.

800.

307.

932010 01-20-20

Check here

21

22

23

24

а

b

с

d

25

26

Insurance

e All other expenses

14571209 797808 GLE-001

Payments to affiliates \_\_\_\_\_

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

Program services

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

Donation to Citizens fo

Bank and credit card fe

Legal & Professional Fe

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

.....

10 2019.06030 Glenview Education Foundati GLE-0012

87,804.

87,804.

386.

5,000.

3,521.

15,320.

800.

307.

0.

Form **990** (2019)

14571209 797808 GLE-001

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 5,229. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 333,051. 360,746. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 116,127. 120,981. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 116,127. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 and complete lines 27, 28, 32, and 33. 216,924. 239,765. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

Glenview Education Foundation

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

controlled entity or family member of any of these persons

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ....

4 Accounts receivable, net

Loans and other receivables from other disgualified persons (as defined

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

120,981.

Form 990 (2019)

239,765.

360,746.

31

32

33

216,924.

333,051.

(B)

End of year

194,905.

161,513.

4,328.

(A)

Beginning of year

166,797.

161,025.

1

2

3

4

5

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2019)

1

2

3

6

Assets

\_iabilities

Net Assets or Fund Balances

31

32

33

Form	990 (2019) Glenview Education Foundation	36-378	9505	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,124.
3	Revenue less expenses. Subtract line 2 from line 1	3		,840.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	216	,924.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	239	,765.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2019)

932012 01-20-20

**SCHEDULE A** 

(Form	990	or	990-EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047	
2019	
Open to Public Inspection	

Depa	rtment c	of the Treasury			947(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public	
Intern	al Reve	nue Service			v/Form990 for instructi		Inspection				
Nan	ne of t	the organizati	on							identification numb	ber
					ation Foundat					6-3789505	
Pa	rt I	Reason	for Public	Charity Status	(All organizations must co	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a	n private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)				
1		A church, co	nvention of ch	urches, or associat	ion of churches describe	d in <b>sectic</b>	on 170(b)(	1)(A)(i).			
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	ganization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).			
4		A medical res	earch organiz	ation operated in co	onjunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a c	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in	
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6		A federal, sta	te, or local go	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	on that norma	ally receives a subst	antial part of its support f	from a gov	vernmenta	unit or from	the general	public described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	trust describe	ed in <b>section 170(b</b>	)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	d in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	unction with a	land-grant	college	
		or university of	or a non-land-ç	grant college of agri	culture (see instructions).	Enter the	name, cit	y, and state c	of the colleg	e or	
	37	university:									
10	X				e than 33 1/3% of its sup						
					ect to certain exceptions,					•	
					e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
				mplete Part III.)							
11		-	-	-	sively to test for public sa	•					
12		-	-	-	sively for the benefit of, to	-			-		
					ed in section 509(a)(1) o					Sheck the box in	
-			-		of supporting organizatio supervised, or controlled		-		-		
а	L			-	egularly appoint or elect a	•					
			•	complete Part IV, S	• • • •	amajonty				supporting	
b		7 -		-	d or controlled in connec	tion with it	ts sunnart	ed organizati	on(s) by ha	ivina	
				-	ganization vested in the s			-		-	
			-		, Sections A and C.					,p =	
с		7 -		-	ng organization operated	in connec	tion with.	and functiona	allv integrat	ed with.	
			-		s). You must complete I				, ,	,	
d			-		porting organization oper				orted organ	zation(s)	
					ization generally must sa			• •	•		
		requiremen	t (see instruct	tions). You must co	mplete Part IV, Sections	s A and D	, and Part	V.			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	а Туре I, Туре	e II, Type III		
		functionally	integrated, o	r Type III non-functi	onally integrated support	ing organi	zation.				
f	Ente	er the number	of supported of	organizations						_	
g				n about the support							
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruction	ns)
<b>.</b>											
Tota	a 1									1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990 EZ) 2019 Glenview Education Foundation Part II

36-3789505 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and <b>stor</b>						
Se	ction C. Computation of Publ		rcentage				······ •
14	Public support percentage for 2019 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2018		-			15	%
	33 1/3% support test - 2019. If the c						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes	-	-				
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		dia not oncon a	20/ 01/ 11/0 10, 10	,,,,			0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

#### Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	151,055.	133,821.	89,659.	82,722.	80,357.	537,614.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5	151.055.	133,821.	89,659.	82,722.	80,357.	537,614.
	Amounts included on lines 1, 2, and	131,033.	155,021.	0,000	02,722.	00,00,0	337,0140
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						537,614.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	151,055.	133,821.	89,659.	82,722.	80,357.	537,614.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	504.	3,204.	311.	784.	-464.	4,339.
13	assets (Explain in Part VI.)	151,559.	137,025.	89,970.	83,506.	79,893.	541,953.
14	First five years. If the Form 990 is for		first, second, thir				ation,
		~					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2019 (	line 8, column (f), d	ivided by line 13, o	column (f))		15	99.20 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	99.22 %
Sec	ction D. Computation of Investion	stment Incom	e Percentage				
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 3 33 1/3% support tests - 2019. If the			n line 1/ and line		18	%
199	more than 33 1/3%, check this box a	-					
h	<b>33 1/3% support tests - 2018.</b> If the						
U	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
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55202				15	Con		

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### Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990 EZ) 2019 Glenview Education Foundation Part IV Supporting Organizations (continued)

			V.	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the exercitization provide to each of its supported examinations, by the last day of the fifth month of the		165	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
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30202	17			

# Schedule A (Form 990 or 990 EZ) 2019 Glenview Education Foundation

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ed Type III supporting or	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		(oonanaoa)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	Sunnlamontal Information 🕝	Provide the explanations required by Dert II. line to De-	t    line 17e or 17h Deut     line 10.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Par 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V V Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V	ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Part (See instructions.)	V, Section E, lines 2, 5, and 6. Also complete this part f	or any additional information.
			Schedule A (Form 990 or 990-EZ)
32028 09-25-1			Sepaguio A (Form UQA) or UQA-E7

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	, or if the	2019					
Department of the Treasury	U	rganization entered more than \$1 Attach to Form 990	-		-			Open to Public
Internal Revenue Service	► Go		Inspection					
Name of the organization         Employer identifica           Glenview Education Foundation         36-3789505								
	complete this part	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solici</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	f ☐ Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
		n is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or	990-1	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

 

 Schedule G (Form 990 or 990-EZ) 2019 Glenview Education Foundation
 36-3789505
 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

 of fundraising event contributio

		of fundraising event contributions and gr	USS INCOME ON FORM 990	EZ, IINES I AND OD. LISU	evenus with gross receip	ols greater than \$5,000.
			(a) Event #1 GEF Triva Night	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
d)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue				(ovent type)	(total hamboly	
Revenue	1	Gross receipts	51,956.			51,956.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	51,956.			51,956.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	5,885.			5,885.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	5,885.
	11	Net income summary. Subtract line 10 from li				46,071.
Pa	πι		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Å	1	Gross revenue				
lses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a No," explain:				Yes No
10a	We	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain:		-	,	
	_					
9320	32 09	9-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 Glenview Education Foundation 36	-3789	<u>9505</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?	🗆	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party $\triangleright$ \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	)		
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	ines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320	33 09-11-19 Schedule G (Fo	orm 990	or 990	-EZ) 2019
	23	_ <u>-</u>		

14571209 797808 GLE-001

		Schedule G (Form 990 or 990-EZ)
932084 04-01-19	24	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to F Complete to provide information for responses Form 990 or 990-EZ or to provide any add Attach to Form 990 or 99 Go to www.irs.gov/Form990 for the I	to specific questions on litional information. 0-EZ.	-EZ
Name of the organization	Glenview Education Foundati	on	Employer identification numbe 36-3789505
Form 990, Part	I, Line 1, Description of Or	ganization Mis	sion:
grant-making a	ctivity of the Glenview Educa	tion Foundatio	n is the
Educator Deve	opment Grants. These grants a	re intended to	support
teachers at va	rious stages of the inquiry p	rocess as they	seek to
implement new	ideas in their classrooms.		
Form 990, Part	III, Line 1, Description of	Organization M	ission:
as they seek t	o implement new ideas in thei	r classrooms.	
Form 990, Part	III, Line 4d, Other Program	Services:	
Other Computer	access, educator discovery,	recital night,	and summer
camp			
Expenses \$ 37	146. including grants of \$	0. Revenue \$	0.
Form 990, Part	VI, Section A, line 8b:		
TOTAL BOARD AI	PROVAL IS NECESSARY FOR ALL A	CTIONS OF SUB	COMMITTEE
Form 990, Part	VI, Section B, line 11b:		
	and the Chairperson review an	d approve for	the Internal
	e and State of Illinois the F		
Form 990 Part	VI, Section C, Line 19:		
	nformation filed with the int	ernal revenue	service and the
	ois is made available to the		
		papire by requ	csc, and is poste
to the website	• ction Act Notice, see the Instructions for Form 990 or 99	90-EZ. Sched	ule O (Form 990 or 990-EZ) (201
932211 09-06-19	25 25 2010 06020 Glass		
571209 797808	31日-001 2013・06030 Glenv	lew Education	Foundati GLE-001

Schedule O (Form 990 or 990-EZ) (2019)		Pa
Name of the organization Glenview Ed	ucation Foundation	Employer identification num 36-3789505
Form 990, Part XI, line 9	, Changes in Net Assets:	
Rounding		
932212 09-06-19		Schedule O (Form 990 or 990-EZ) (2
571209 797808 GLE-001	26 2019.06030 Glenview Edu	ucation Foundati GLE-001

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре ог	or         Name of exempt organization or other filer, see instructions.         Tax			Taxpaye	ridentificatio	on number (TIN)
print	Glenview Education Found	dation			36-37	89505
File by the due date f filing your	Number, street, and room or suite no. If a P.O.		tions.		50 57	0,505
return. See			rana ana inatruationa			
1134 46401	Glenview, IL 60025	or a loreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is	for (file a separa	te application for each return)			01
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above) The Organiza	06	Form 8870			12
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>tr</li> <li>tr</li> <li>b</li> </ul>	behone No. ► 847-998-5000 e organization does not have an office or place of busis for a Group Return, enter the organization's fou . If it is for part of the group, check this box request an automatic 6-month extension of time unt the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2019 the tax year entered in line 1 is for less than 12 mor Change in accounting period	r digit Group Exe → and atta tilMay he organization's , an	emption Number (GEN) I ch a list with the names and TINs of y 17, 2021 , to file s return for: d ending JUN 30, 2020	f this is fo all memb	r the whole goers the extension organization organization organization organization organization organization of the second seco	group, check this
3a If	this application is for Forms 990-BL, 990-PF, 990-T,	, 4720, or 6069,	enter the tentative tax, less			
_	ny nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						0.
	sing EFTPS (Electronic Federal Tax Payment Syster			<u>3c</u>	\$	_
instruct	1: If you are going to make an electronic funds with ions.	urawai (direct de	DII) WITH THIS FORM 8868, SEE FORM 8	403-EU a	na Form 887	9-EO for payment
	For Privacy Act and Paperwork Beduction Act N	otice see instri	uctions		Form 8	3868 (Bev 1-2020)

923841 12-30-19

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613

December 9, 2021

Glenview Education Foundation Post Office Box 373 Glenview, IL 60025

Glenview Education Foundation:

We have prepared and enclosed your 2019 Illinois Charitable Organization Annual Report. The report should be signed, dated, and mailed as indicated.

ILLINOIS FORM AG990-IL:

The Illinois Form AG990-IL should be mailed as soon as possible to:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Enclose a check or money order for \$15.00, payable to Illinois Charity Bureau Fund.

The report should be signed and dated by the authorized individual(s).

Please review the return for completeness and accuracy.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Eilts & Associates, Inc.

Barton Eilts

PLEASE NOTE:ILAG990 MUST BE RECEIVED AT IL ATTORNEY GENERALS OFFICE BEFORE THE DUE DATE OF FEBRUARY 29,2020 OR WILL BE CHARGED \$100 LATE FEE

# TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

#### FOR THE YEAR ENDING

June 30, 2020

Prepared for						
	Glenview Education Foundation Post Office Box 373 Glenview, IL 60025					
Prepared by	Eilts & Associates, Inc. 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613					
Amount due or refund	Balance due of \$15.00					
Make check payable to	Illinois Charity Bureau Fund					
Mail tax return and check (if applicable) to	Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175					
Return must be mailed on or before	Please mail as soon as possible.					
Special Instructions	The report should be signed and dated by the authorized individual(s).					

<b>—</b>	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNU				n AG990-IL evised 1/19
PMT	#	Attorney General KWAME RAOUL State of				
		Charitable Trust Bureau, 100 West Ran 11th Floor, Chicago, Illinois 60601	dolph	CO	# 01-02331	
				37	Check all items attacl	ned:
AMT		Report for the Fiscal Period:	Γ	Χ	Copy of IRS Return	
		Beginning 07/01/2019	Make Checks Payable to		Audited Financial State	ements
		Beginning 0770172019		X	Copy of Form IFC	
INIT		& Ending 06/30/2020	Charity L		\$15.00 Annual Report	-
Fadar	al ID # 36-3789505	MO DAY YR	Bureau Fund		\$100.00 Late Report F MO DAY	•
	ontributions to the organization t		e Organization was ci	raatar		
	LEGAL		Year-end	Tutut	. 10/0//	1990
		Education Foundation	amounts			
	MAIL		A) ASSETS		A) \$ 360	,746.
A	DRESS Post Offic	ce Box 373	B) LIABILITIES	;		,981.
CITY	, STATE Glenview,	IL	C) NET ASSETS	S	C) \$ 239	,765.
ZI	P CODE 60025					
Ι.	SUMMARY OF ALL F	REVENUE ITEMS DURING THE YEAR:	PERCENTAG		AMOUNT	
	/	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100.352	2%		,313.
	E) GOVERNMENT GRANTS &	A MEMBERSHIP DUES		%	E) \$	
	F) OTHER REVENUES		-0.352	2%	F) \$	-464.
						040
<b>.</b>		E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) EXPENDITURES DURING THE YEAR:	100	)%	G) \$ 131	<u>,849.</u>
II.			80.547	<b>7</b> ₀/	UN ¢ 87	,804.
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	00.547	70	H) \$ 87	,004.
	I) EDUCATION PROGRAM SE			%	I) \$	
				70	η φ	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	80.547	7%	J) \$ 87	,804.
	,					
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED IN J): <u>\$</u>				
	K) GRANTS TO OTHER CHAR	RITABLE ORGANIZATIONS		%	K) \$	
					N.	,804.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 80.54			%	L) \$ 87	,004.
	M) MANAGEMENT AND GENE		14.054	1%	M)\$ 15	,320.
				- /0		/0201
	N) FUNDRAISING EXPENSE		5.399	9%	N) \$ 5	,885.
	,					
	0) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L, M, & N)	100	)%	0) \$ 109	,009.
1	SUMMARY OF ALL P					
<b></b> .		rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)				
	PROFESSIONAL FUNDRAISER					0
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISERS	100	)%	P) \$	0.
				0/	Q) \$	
	Q) TOTAL FUNDRAISERS FEE	ES AIND EXPENSES		%	α) φ	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS O-R)		%	R) \$	
	PROFESSIONAL FUNDRAISING			70	··) ψ	
		PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$	0.
IV.		) THE (3) HIGHEST PAID PERSONS DURING THE	YEAR:			
1	T) NAME, TITLE <b>NONE</b>				T) \$	
	U) NAME, TITLE:				U) \$	
1	V) NAME, TITLE:				V) \$	
<b>v</b> .	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPL CODE CATEGORIES	ENDED)		List on back side of inst	tructions
			CODE			
998091 04-22-20	· · · · · · · · · · · · · · · · · · ·	ts to programs for the IL School	Dist. #34	Ł	W)# 150	
18091	X) DESCRIPTION:				X) #	
96	Y) DESCRIPTION:		Y) #			

			NO
WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
F "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
Glenview State Bank 800 N. Waukegan Road, Glenview, IL 60025			
NAME AND TELEPHONE NUMBER OF CONTACT PERSON: The Organization - 847-998-5000			
	AS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY OURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?  ID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES SINGS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE NYTHING OF VALUE NOT REPORTED AS COMPENSATION?  AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE HAN 10% OF THE OUTSTANDING SHARES?  ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON R ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS ETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?  ''YE'; ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	AS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY OURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2. ID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES BAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE BAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE BAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE COWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4. AS ANY PROPERTY OF THE OUTSTANDING SHARES? 4. SANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON 5. ID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS 5. TYPES (ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	AS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY OURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2.  10 THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, IRECTORS OR TRUSTEES MAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE 3.  AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4.  AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4.  AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4.  AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4.  AS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE 4.  AS THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON 5.  C ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 5.  DI THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS 7.  'YES', ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$

### ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	Julie Moon		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	Maria Gordon		
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
998101 04-22-20	PREPARER (PRINT NAME)	SIGNATURE	DATE

				Exten	ded to May 17,	2021		
	0	00	Return of	<sup>i</sup> Orgar	ization Exempt	From I	ncome Tax	OMB No. 1545-0047
Forr		JU	Under section 501(c),	527, or 4947	(a)(1) of the Internal Revenu	e Code (ex	cept private foundation	
•		uary 2020) of the Treasury			ecurity numbers on this forn	-	-	Open to Public
Interr	nal Rever	nue Service			Form990 for instructions ar			Inspection
			ar year, or tax year beg	inning J	UL 1, 2019 and	l ending u	UN 30, 2020	
B c a	heck if pplicable	e: C Name of	forganization				D Employer identific	cation number
	Addres	ss Glen	view Educati	on Fou	ndation			
	Name Chang	e Doing b	usiness as				36-37895	05
	Initial return		and street (or P.O. box if		ivered to street address)	Room/suite	E Telephone number	
	Final return/ termin	-	Office Box				847-486-	
	ated Ameno	ded Clon		ountry, and 025	ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	131,849.
	<pre>_return</pre> _Applic _tion		nd address of principal of		ie Moon		for subordinates	
	pendir	<sup>ng</sup> Post	Office Box 3	73, G1	enview, IL 600	25	H(b) Are all subordinates in	
1 1	ax-exe	empt status:			(insert no.) 4947(a)(1)	or 527		list. (see instructions)
			gef34.org	, , ( , , , , , , , , , , , , , , , , ,			H(c) Group exemption	
				ust 🔄 As	sociation 🔄 Other 🕨	L Year		State of legal domicile: IL
	art I	Summary					·	
e	1	Briefly describ	e the organization's mis	sion or most	significant activities: Fina	incial	Support prov	vided to
anc		educato	rs in IL Dis	t. #34	with education	ı grant	s. The prima	ary
Governance	2	Check this bo	x 🕨 🛄 if the organi:	zation disco	ntinued its operations or dispo	osed of more	e than 25% of its net as	sets.
0 V	3	Number of vo	ting members of the gov	erning body	(Part VI, line 1a)			8
					verning body (Part VI, line 1b)			8
Activities &					vear 2019 (Part V, line 2a)			0
ivit								33
Act					lumn (C), line 12			0.
	b	Net unrelated	business taxable income	e from Form	990-T, line 39	<u></u>		0.
							Prior Year	Current Year
ne			and grants (Part VIII, line	•			82,722.	80,357.
Revenue		•	ce revenue (Part VIII, line	•			423.	529.
Be					, and 7d)		47,109.	45,078.
					, 9c, 10c, and 11e)		130,254.	125,964.
					Part VIII, column (A), line 12)		0.	0.
			milar amounts paid (Part to or for members (Part I		, , , , , , , , , , , , , , , , , , , ,		0.	0.
					), line 4) Part IX, column (A), lines 5-10)		0.	0.
Ise					ine 11e)		0.	0.
Expenses			ing expenses (Part IX, co			0.	•••	•••
й			• • • •		, 11f-24e)		-45,655.	103,124.
					X, column (A), line 25)		-45,655.	103,124.
					12		175,909.	22,840.
Net Assets or Fund Balances							ginning of Current Year	End of Year
sets alano	20	Total assets (I	Part X, line 16)				333,051.	360,746.
dBg			(Daut ) ( 15 a 00)				116,127.	120,981.
Fun	22			line 21 from	line 20		216,924.	239,765.
Pa	art II	Signature	e Block					
					including accompanying schedul			/ knowledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (ot	her than office	r) is based on all information of w	hich prepare	has any knowledge.	
			- f - ff:					
Sig	n	-	e of officer				Date	
Her	е		e Moon, Chai	r				
		,	print name and title		<b>D</b>		Date Check	TIN PTIN
Pair		Print/Type pre Bart on			Preparer's signature		Date Check	 P01327750

		i roparor s signaturo		
Paid	Barton Eilts			P01327750
Preparer	Firm's name 🕨 Eilts & Associat		Firm's EIN 🕨 61	-1443699
Use Only	Firm's address 3729 N. Ravenswo	od, Ste. 117		
	Chicago, IL 6061	3	Phone no. 773 -	525-6171
May the	IRS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
932001 01-	20-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2019)
(	an Cahadula O fam Omaania	ation Middlen Ctatoma	mt Continuati	~ ~

See Schedule O for Organization Mission Statement Continuation 14571209 797808 GLE-001 2019.06030 Glenview Education Foundati GLE-0012

		36-3789505	Page
Par			
			X
1	Financial support provided to educators in IL Dist.		
			ı
			ess
2	prior Form 990 or 990-EZ?		5 X N
			<b></b>
3	If "Yes," describe these changes on Schedule O.		5 X N
4			
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 22,000. including grants of \$) Virtual and augmented reality	(Revenue \$	
<u>4h</u>			
40	Entrepreneur Makerspace	(Revenue \$	
Part III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         Builty denotes the organization's mission:         Pinancial support provided to educators in IL Dist. #34 with edu grants. The primary grant-making activity fo the Glenview Educat Poundation is the Educator Development Grants. These Grants are intended to support teachers at various stages of the inquiry prime prime prime and poor sole.         Public det or support teachers at various stages of the inquiry prime prime and poor sole.         If "Yes," describe these new services on Schedule 0.         Bott the organization case conducting, or make significant pages in how it conducts, any program services?         If 'Yes," describe these changes on Schedule 0.         Bott the organization case conducting, or make significant pages in how it conducts, any program services and program service accomplishments for sach of its three largest program services.         Bott the organization case complishments for sach of its three largest program services.         Bott the organization case complishments for sach of its three largest program services.         Bott the organization case complishments for sach of its three largest program services.         Bott the organization case complishments for sach of status and alocations to others, the total experiments.         Bott the organization case complishments for sach of status and alocations to others, the total experiments.         Bott the program service secting accomplishment is provided accomplishment is provide			
4c	(Code: ) (Expenses \$ 16,500. including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule Q.)		
	(Expenses \$ 37,146. including grants of \$ ) (Revenue \$	)	
4e	I otal program service expenses     ○ / , ○ ∪ 4 ·	Form	<b>990</b> (20 <sup>-</sup>
32002			
71		n Foundati GLE	-001

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Form	990	(2019)	

Form 990 (2019) Glenview Education Foundation
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Tie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	<b>5</b> 1 <i>7 1</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
000000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	990	X (2019)
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Glenview Education Foundation

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	л	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			_
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	* 01-20-20 <b>8</b>	Form	990	(2019)
	0			

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Form 990	(2019)	Glenview Education Foundation
Part V	Sta	tements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accol	int)?	4a		X
a	If "Yes," enter the name of the foreign country					
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			6a		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as ree	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e 7f		
f	<ul> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> </ul>					
<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>						
8						
0	sponsoring organizations have excess business holdings at any time during the year?					
9						
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	<i>?</i> 	12a		
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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Check if Schedule O contains a response or note to any line in this Part VI

Χ

 

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 Glenview Education Foundation
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 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		1 1	<u>م</u>	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_		
	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi officer, director, trustee, or key employee?		2		ŀ
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th		<u> </u>		┢
3	of officers, directors, trustees, or key employees to a management company or other person?	•	3		
4	Did the organization make any significant changes to its governing documents since the prior Form S				t
	Did the organization make any significant changes to its governing documents since the prior of the organization's as				t
	Did the organization have members or stockholders?				t
	Did the organization have members, stockholders, or other persons who had the power to elect or a				t
<i>.</i> .	more members of the governing body?	• •	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
~	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?		8a	x	Γ
	Each committee with authority to act on behalf of the governing body?				t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		Ι
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				Γ
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hdots$		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done		12c		
	Did the organization have a written whistleblower policy?			1	t
	Did the organization have a written document retention and destruction policy?				$^{+}$
	Did the process for determining compensation of the following persons include a review and approva				t
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a		1
			15b		t
~					t
6a		ment with a			
			16a		1
	, , , , , , , , , , , , , , , , , , , ,				t
		· ·			
			16b		
ect	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{IL}$				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)	(3)s only	y) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.	on Schedule (0)			
9		,	and fina	ncial	
-	Dther officers or key employees of the organization       15b         f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?       16a         f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         on C. Disclosure       16b         List the states with which a copy of this Form 990 is required to be filed ▶IL       11         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) are or public inspection. Indicate how you made these available. Check all that apply.         X Own website       Another's website       X Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia statements available to the public during the tax year.       State the name, address, and telephone number of the person who possesses the organization's books and records ▶				
0		oks and records			
	The Organization - 847-998-5000				
	$D \cap D = - 272 \cap 1 = + + + + + + + +$				
	P.O. Box 373, Glenview, IL 60025			n <b>990</b>	_

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((				(D)	(E)	(F)
Name and title	Average	(da		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a	recto	or/trus	itee)	from	from related	other
	(list any hours for related organizations below line)	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	vidual	Institutional trustee	er	Key employee	est cc loyee	Jer -			organizations
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Form			
(1) Megan Share	2.00									
Secretary		Х		Х				0.	0.	0.
(2) Danille Porte	2.00									
Grants Chair		Х						0.	0.	0.
(3) Lori Poticha	4.00									
Communications		Х		Х				0.	0.	0.
(4) Alex Kamilewicz	2.00									
Fundraising Chair-Business Developme		Х						0.	0.	0.
(5) Catherine Gray	2.00									
Grants Chair		Х		Х				0.	0.	0.
(6) Maria Gordon	2.00									
Treasurer		Х		Х				0.	0.	0.
(7) Megan Spathis	4.00									
Fundraising Chair-Events		Х						0.	0.	0.
(8) Julie Moon	6.00									
Chair		Х		Х				0.	0.	0.
		<u> </u>					<u> </u>			
		<u> </u>					<u> </u>			
										Earm <b>990</b> (2010)

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Form 990 (2019)

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	990 (2019) Glenview									36-37	895	505	P	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trust (A) Name and title	<b>tees, Key Em</b> <b>(B)</b> Average hours per week	(do box	not c , unle	(C Posi heck ss pe	<b>c)</b> ition <sup>more</sup> rson		one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatior from related	ı	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr orga and	pensa om th anizat d relat inizati	e :ion :ed
. <u> </u>														
	Subtotal Total from continuation sheets to Part VII								0.		0.			0.
	Total (add lines 1b and 1c)								0.	0,000 of reportable	0.			0.
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual							· · · · ·	-		3	Yes	No X
4 5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>	),000? <i>If</i> "Yes," accrue comper	" <i>co</i> nsati	<i>mple</i> ion f	ete S irom	Sche any	e <i>dule</i> / unr	e <i>J f</i> elat	for such individual	idual for services		4		X X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom	
	the organization. Report compensation for t (A) Name and business			endi DNE		vith	or w	ithir	n the organization's tax (B) Description of s		Co	(C omper		n
								_						
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lii	mite	d to	tho (	se lis 0	stec	d above) who received n	nore than			000 /	2010)

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			2019) Glenview 1	Educ	ation For	undation		36-3789	505 Page <b>9</b>
Pa	rt \	/							
			Check if Schedule O contains a res	sponse	or note to any lin	e in this Part VIII	(D)		
						<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1c         Government grants (contributions)       1c         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g         Total. Add lines 1a-1f       1g	2 2 3 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Business Code	80,357.			
- B R B R		е							
Ч		f	All other program service revenue						
		g	Total. Add lines 2a-2f		►				
	3 4 5		Investment income (including dividends other similar amounts) Income from investment of tax-exempt Royalties	bond p	▶ proceeds	529.	529.		
	6	с	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c		(ii) Personal				
evenue	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c		(ii) Other				
			Net gain or (loss)		▶				
Other F	8	а	Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	f 8a	54 050				
			Net income or (loss) from fundraising e		►	46,071.			46,071.
	9	а	Gross income from gaming activities. S Part IV, line 19 Less: direct expenses	See 9a					
			Net income or (loss) from gaming activi						
	10	a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold	10a 10b					
		С	Net income or (loss) from sales of inver	itory	Business Code				
Miscellaneous Revenue	11	b	Securities Capital (		611710	-993.	-993.		
Be		c d	All other revenue						
Σ			Total. Add lines 11a-11d			-993.			
	12		Total revenue. See instructions			125,964.	-464.	0.	46,071.
93200					►	- , 2 - 2 -			Form <b>990</b> (2019)

Glenview Education Foundation

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Part IX Statement of Functional Expension 501(c)(3) and 501(c)(4) organizations must		er organizations must c	complete column (A)	
Check if Schedule O contains a re-		-		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizati	ions			
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and fore	eign			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions	)			
9 Other employee benefits				
0 Payroll taxes				
1 Fees for services (nonemployees):				
a Management				
<b>b</b> Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Sch				
2 Advertising and promotion				
3 Office expenses				
4 Information technology			5,306.	
5 Royalties				
6 Occupancy				
17 Travel				
			1	

386.

87,804.

5,000.

3,521.

103,124.

800.

307.

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Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings .....

Interest

Payments to affiliates .....

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

Program services

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

Donation to Citizens fo

Bank and credit card fe

Legal & Professional Fe

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

18

19

20

21

22

23

24

а

b

С

d

25

26

Insurance

e All other expenses

Check here

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0.

386.

5,000.

3,521.

15,320.

800.

307.

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87,804.

87,804.

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1

2

Part X Balance Sheet

Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 5,229. 4,328. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 333,051. 360,746. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 116,127. 120,981. 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 116,127. 120,981. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 216,924. 239,765. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 216,924. 239,765. Total net assets or fund balances 32 32 360,746. 333,051. 33 33 Total liabilities and net assets/fund balances .... Form 990 (2019)

Glenview Education Foundation

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

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(B)

End of year

194,905.

161,513.

(A)

Beginning of year

166,797.

161,025.

1

2

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,124.
3	Revenue less expenses. Subtract line 2 from line 1	3		,840.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	216	,924.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	239	,765.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2019)

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**SCHEDULE A** 

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection	C
Nam	e of t	he organizati		de le transige					Employer	identification nun	nber
		<b>J</b>		view Educa	tion Foundat	ion				6-3789505	
Pa	rt I	Reason			All organizations must co		is part.) Se	e instruction			
					(For lines 1 through 12, o						
1					on of churches describe						
2		-			Attach Schedule E (Forn			·//·//			
3	$\square$				anization described in se			ii)			
4	$\square$	•			njunction with a hospita			•	(Viii) Enter	the hospital's name	<u>م</u>
-		city, and stat			injunction with a nospita					the hospital s ham	2,
5		-		or the benefit of a co	ollege or university owned	d or opera	ted by a d	overnmental	unit describ	ned in	
Ŭ				Complete Part II.)			icu by u g	overninentai			
6					mental unit described in	section 1	70(h)(1)(A)	(v)			
7					antial part of its support 1				the general	nublic described in	h
•				omplete Part II.)		ionia gov	orninorna		ano gonorai		•
8					(1)(A)(vi). (Complete Par	+ 11 )					
9					in section 170(b)(1)(A)(		ed in conii	inction with a	land-orant	college	
Ŭ					culture (see instructions).						
		university:		grant concyc or agric			name, en	, and state c	n the colleg		
10	X		on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons member	shin fees a	ind aross receipts f	rom
10					ect to certain exceptions,						
					e (less section 511 tax) fr					-	
				mplete Part III.)			.5505 2040		rganization		5.
11				. ,	sively to test for public sa	afety See	section 50	)9(a)(4)			
12	$\square$	-	-	-	sively for the benefit of, to	•			arry out the	e purposes of one o	or
					ed in <b>section 509(a)(1)</b> o						
					of supporting organizatio						
а		7	-		supervised, or controlled				-	aivina	
					egularly appoint or elect a						
				complete Part IV, S						spport.g	
b					d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	ivina	
				-	anization vested in the s			-		-	
			-	t complete Part IV,							
с					g organization operated	in connec	tion with.	and function:	ally integrate	ed with.	
-			-		s). You must complete I					,	
d		- ··	0	. , .	oorting organization oper			-	orted organi	zation(s)	
					zation generally must sa				-		
			-		mplete Part IV, Sections	-		-			
е		- ·		,	written determination fro				e II. Type III		
			•		onally integrated support			<b>J</b> I , <b>J</b> I	, ,,		
f	Ente			organizations	, , , , , , , , , , , , , , , , , , , ,	0 0					
g				n about the support							
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount c	f monetary	(vi) Amount of oth	er
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruct	ions)
Tota	I										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 17

## Schedule A (Form 990 or 990 EZ) 2019 Glenview Education Foundation Part II

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and <b>stor</b>						
Se	ction C. Computation of Publ		rcentage				······ •
14	Public support percentage for 2019 (	line 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2018		-			15	%
	33 1/3% support test - 2019. If the c						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances tes	-	-				
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		dia not oncon a	20/ 01/ 11/0 10, 10	,,,,			0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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## Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	151,055.	133,821.	89,659.	82,722.	80,357.	537,614.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5	151,055.	133,821.	89,659.	82,722.	80,357.	537,614.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						537,614.
8 90/	Public support. (Subtract line 7c from line 6.) ction B. Total Support						JJ7,014.
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 0010	(a) 2010	
	Amounts from line 6	(a)2015 151,055.	(b) 2016 133,821.	(c) 2017 89,659.	(d) 2018 82,722.	(e) 2019 80,357.	(f) Total 537,614.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	191,099.	155,021.		02,722.		55770140
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	504.	3,204.	311.	784.	-464.	4,339.
13	Total support. (Add lines 9, 10c, 11, and 12.)	151,559.	137,025.	89,970.	83,506.	79,893.	541,953.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and <b>stop here</b>	-			-	····· •	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				· ·
15	Public support percentage for 2019 (	line 8, column (f), d	livided by line 13, o	column (f))		15	99.20 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	99.22 %
Sec	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	upported organiza	ition	► X
b	<b>33 1/3% support tests - 2018.</b> If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The organ	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	<b>&gt;</b>
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## Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation Part IV Supporting Organizations (continued)

			V.	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	)-		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	tructions	ŕ – – I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
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# Schedule A (Form 990 or 990 EZ) 2019 Glenview Education Foundation

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ed Type III supporting or	anization (see

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 Glenview Education Foundation

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		(00/////000/)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI	Supplemental Information	riew Education Foundation Provide the explanations required by Part II, line 10; Part	36-3789505 Pa
	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part	4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V V, Section E, lines 2, 5, and 6. Also complete this part for	tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V
	(See instructions.)		
	<u></u>		
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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19	, or if the	2019
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	Glenvie	w Education Founda					36-3789	
	complete this par	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor		(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	<u></u>		<u></u>					
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. 5	Sche	dule G (Form 9	990 or 990-EZ) 2019

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# Schedule G (Form 990 or 990-EZ) 2019 Glenview Education Foundation

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 F7 lines 1 and 6b List events with gross receipts greater than \$5,000

		or fundraising event contributions and gr	(a) Event #1 GEF Triva Night	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
an			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	51,956.			51,956.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	51,956.			51,956.
	4	Cash prizes				
es	5	Noncash prizes				
sthense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				5,885.
	10	Direct expense summary. Add lines 4 throug			•	5,885.
	11					46,071.
Pa						·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ Yes %	□ <sup>70</sup> □ No	No 70	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
а	ls	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
	_					
93208	32 0	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 Glenview Education Foundation 36	5-378	<u>395</u> (	)5	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Ye		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_	_	
	to administer charitable gaming?	L	_ Ye	s L	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13	Ba		%
b	An outside facility	13	ßb		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		] Ye	s [	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount				
	of gaming revenue retained by the third party  \$				
с	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		٦.,	Г	<b></b>
	retain the state gaming license?		_ Ye	s L	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie			
Da	organization's own exempt activities during the tax year <b>s</b> <b>supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort II	lines	0.0	10h
га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	J Part III	, intes	9, 91	5, 100,
9320	33 09-11-19 Schedule G (F	orm 99	0 or 9	90-E	Z) 2019
	27		~-		010

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	Schedule G (Form 990 or 990-EZ)
932084 04-01-19	28

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to Form 9	tal Information provide information for 90 or 990-EZ or to provid Attach to Form to www.irs.gov/Form99	responses to specific ( de any additional infor 1990 or 990-EZ.	questions on mation.	-EZ	OMB No. 1545-0047
Name of the organization	Glenview 1	Education Fou	ndation			identification number 789505
Form 990, Part	t I, Line 1,	Description	of Organizat	ion Mis	sion:	
grant-making a	activity of	the Glenview	Education Fc	oundation	n is t	he
Educator Devel	lopment Gran	ts. These gra	nts are inte	ended to	suppo	rt
teachers at va	arious stage	s of the inqu	iry process	as they	seek	to
implement new	ideas in the	eir classroom	s.			
Form 990, Part	t III, Line	1, Descriptio	n of Organiz	ation M	ission	:
as they seek t	to implement	new ideas in	their class	rooms.		
Form 990, Part	t III, Line	4d, Other Pro	gram Service	es:		
Other Computer	r access, edu	ucator discov	ery, recital	. night,	and s	ummer
camp						
Expenses \$ 37	,146. incl	uding grants	of \$ 0. Re	venue \$	0.	
Form 990, Part	t VI, Section	n A, line 8b:				
TOTAL BOARD AN	PPROVAL IS N	ECESSARY FOR	ALL ACTIONS	OF SUB	COMMIT	TEE
Form 990, Part	t VI, Sectio	n B, line 11b	:			
The Treasurer	and the Cha	irperson revi	ew and appro	ve for	the In	ternal
Revenue Servio	ce and State	of Illinois	the Form 990	to be :	filed.	
Form 990, Part	t VI, Section	n C, Line 19:				
All Form 990	information :	filed with th	e internal r	revenue	servic	e and the
State of Illin	nois is made	available to	the public	by requ	est, a	nd is poste
to the website			-	_ =		-
LHA For Paperwork Redu 932211 09-06-19		the Instructions for Forn	n 990 or 990-EZ.	Sched	ule O (Forn	n 990 or 990-EZ) (201
571209 797808	GLE-001	2019.06030	29 Glenview Edv	ucation	Founda	ati GLE-001:

Schedule O (Form 990 or 990-EZ) (2019)				Pag
Name of the organization Glenview E	ducation Foun	dation		Employer identification numb 36-3789505
Form 990, Part XI, line	9, Changes in	Net Asset	s:	
Rounding				<u> </u>
932212 09-06-19		30	Schee	dule O (Form 990 or 990-EZ) (20
571209 797808 GLE-001	2019.06030		Education	Foundati GLE-001